

- b. Three (3) months of full-time or 500 hours of actual on-the-job practical experience in the field of radioactive drugs and radiopharmaceutical services under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing nuclear pharmacy services, or in a structured nuclear pharmacy training program of a Board-approved college of pharmacy. This application should be accompanied by a statement(s) from the qualified nuclear pharmacist(s) attesting to the fact that the 500 hours of experience has been satisfactorily completed.

Name of Supervising Nuclear Pharmacist	Address	Phone	State License. No

Name of Pharmacy or Board-Approved School/College of Pharmacy	Address

5. Has disciplinary action or legal action ever been taken against you by any licensing or certification Board in the United States or any other country or any foreign jurisdiction?
 No _____ Yes _____
 If yes, you must attach additional information regarding the legal action taken
6. Have you been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal information or any court proceeding in relation to any criminal violation other than a minor traffic violation for which a fine of \$100 or less was imposed?
 No _____ Yes _____
 If yes, please provide a complete explanation and copies (certified copies of any convictions) of court documents. It should be noted that conviction of a crime does not necessarily bar registration; however, failure to disclose may result in disciplinary action by the Board.)
7. Are you the subject of any pending disciplinary action by any licensing or certification Board located in the United States or any other country or foreign jurisdiction?
 No _____ Yes _____

I hereby certify that I have read and understand all applicable state and federal statutes and regulations regarding the operation of a nuclear pharmacy and the handling of radiopharmaceuticals and radioactive materials, including M.G.L. Chapter 94C, and M.G.L. Chapter 112, and 247 CMR 13.00 et.seq.

I also certify, under the pains and penalties of perjury, that the statements and answers herein contained are truthful.

Applicant's Signature _____

Date _____

Social Security Number _____